COMMONWEALTH OF MASSACHUSETTS
HEALTH POLICY COMMISSION

CO-OCCURRING DISORDERS CARE IN MASSACHUSETTS

A Report on the Statewide Availability of Health Care Providers Serving Patients with Co-Occurring Substance Use Disorder and Mental Illness

May 2019

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INTRODUCTION

This Health Policy Commission (HPC) report, required by Chapter 52 of the Acts of 2016, *An act relative to substance use, treatment, and prevention* (Appendix A), presents new information on the availability of providers in the Commonwealth treating patients with co-occurring mental illness and substance use disorders (SUD). The brief provides information on the number of licensed mental health and substance use disorder treatment facilities and the results of a survey of provider organizations on their availability to provide treatment and perceptions of barriers to treatment for people with co-occurring disorders. Specifically, Appendix C includes an inventory of behavioral health facilities that have both mental health and SUD treatment licenses. Based upon the survey results and feedback from stakeholders in the behavioral health field in Massachusetts, the brief concludes by identifying strategies to enhance access to treatment and promote the development of integrated care delivery models to improve care for patients with co-occurring disorders in the Commonwealth.

The HPC is an independent state agency established by Chapter 224 of the Acts of 2012, *An act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation*. The mission of the HPC is to monitor the reform of the health care delivery and payment systems in Massachusetts and to develop innovative health policy to reduce overall cost growth while improving the quality of patient care. Critical to this work is the integration of behavioral health into the health care system, which the HPC promotes through its certification programs, investments, research, and policy agenda supporting development and implementation of alternative payment models that support care delivery reform.

The HPC conducted this research and developed this brief in consultation with the Departments of Public Health (DPH) and Mental Health (DMH).

I. BACKGROUND ON CO-OCCURRING DISORDERS PREVALENCE AND TREATMENT

Nationally, an estimated 8.2 million adults ages 18 or older (3.4 percent of all adults) had co-occurring disorders in 2016.[1] Co-occurring disorders are more common among individuals with SUD: nationally, 43% of those identified as having SUD also have mental illness. In contrast, 18% of individuals with mental illness also have SUD.[1] In 2016, approximately 20% and 10% of Massachusetts adults reported past year mental illness or SUD, respectively.[2] Applying national prevalence rates of co-occurring disorders to the Massachusetts population yields an estimate of 236,000 adult residents with co-occurring disorders in 2016.[3,4]

Despite high prevalence, national rates of engagement in treatment for co-occurring disorders are low. In 2016, approximately 7% of adults with co-occurring disorders received both mental health care and substance use disorder treatment, 38.2% received only mental health care, and 2.9% received only specialty substance use treatment.[1] Co-occurring mental health and SUD comorbidities were identified in 13% of adult inpatient and 4% of adult emergency discharges from Massachusetts acute care hospitals in 2016.[5] This indicates that people with co-occurring disorders may not be getting the care they need in the community.

While data from ED discharges likely under reports the incidence of co-occurring disorders, the impact of identified co-occurring diagnoses on the ability to access timely care in the emergency department is significant. Forty percent of people who visited an ED with a primary mental health diagnosis and an identified secondary substance use disorder spent over 12 hours in an emergency department prior to discharge or transfer to another facility compared to 27% of people with a primary mental health diagnosis alone identified during the ED visit. Likewise, 30 percent of those who visited an ED with a primary SUD diagnosis and co-occurring mental health diagnosis identified spent over 12 hours in an ED compared to 12% of those with a primary SUD diagnosis without an identified co-morbidity.[5]

Treatment of co-occurring mental illness and SUD presents particular challenges for providers. Factors such as distinct state licensure processes, staffing requirements, and treatment philosophies have perpetuated separate paths of treatment for each type of condition. Correcting for fragmentation through integration can improve care coordination, reduce administrative complexity for providers, and contribute to improved outcomes.[6,7]

One of the unique complexities of treating co-occurring disorders is the tendency for inadequately treated mental illness to prompt self-medication, which can complicate the presentation of psychiatric symptoms and eventuate in SUD.[8] The clinical presentations of mental illness and SUD can confound each other: without proper training in recognizing both, providers may misinterpret symptoms, misdiagnose patients, and ultimately provide suboptimal treatment.[9]

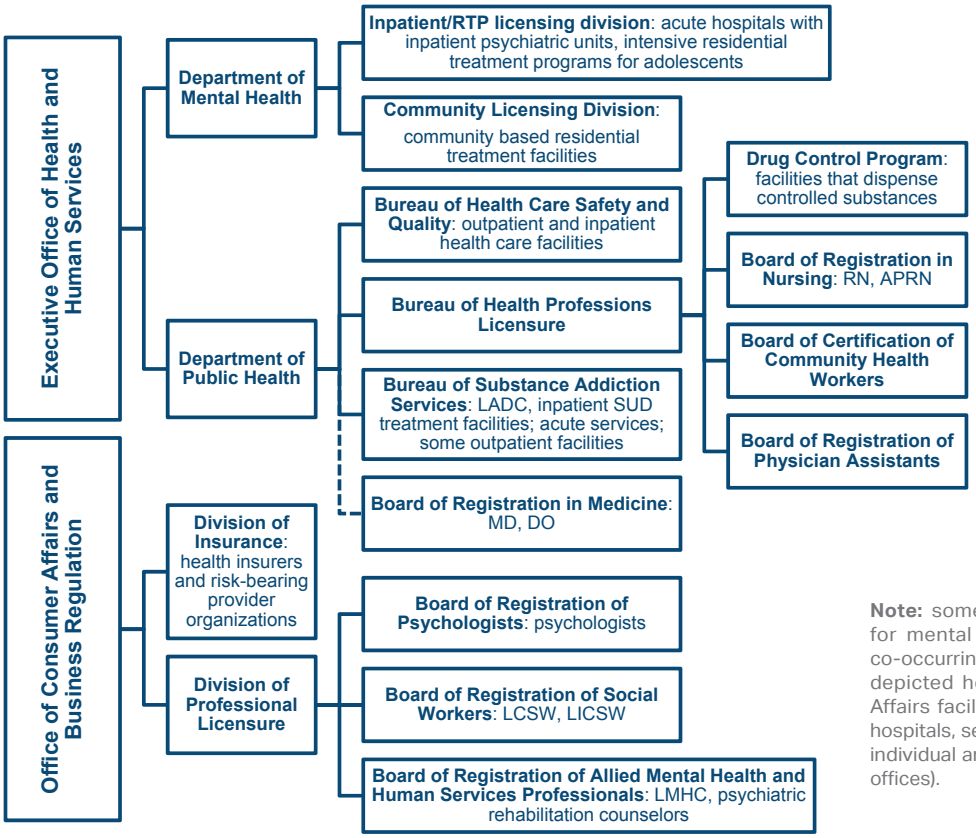
A key component of effective co-occurring disorder treatment is the ability to treat both conditions equally and concurrently. There are a number of such evidence-based models, including Integrated Dual Disorder Treatment (IDDT)[10], Dual Diagnosis Enhanced (DDE)[11], Modified Therapeutic Community (MTC)[12], and open access scheduling.[13] Some clinical and operational features of evidenced-based care for co-occurring disorders include but are not limited to: screening and assessment using standardized and culturally sensitive instruments, and referral when appropriate; access to on-site prescribers to both prescribe and monitor medications of both (or more) conditions, including medication for addiction treatment (MAT); assertive engagement strategies; integration of prescribers into small, multidisciplinary treatment teams; psychoeducational classes, onsite modified mutual self-help groups and offsite dual recovery mutual self-help groups; and treatment and discharge plans that address all behavioral health needs and consider linguistic, cultural, social and medical needs.[11,14]

Availability of Licensed Treatment Facilities in Massachusetts

Behavioral health treatment facilities in the Commonwealth are currently licensed to provide mental health services and SUD treatment services under distinct standards. As such, there are multiple licensing bodies: the process for becoming licensed by DPH's Bureau of Substance Addiction Services (BSAS) is separate from the process for becoming licensed as either a mental health clinic by DPH's Bureau of Health Care Safety and Quality (BHCSQ) or as a psychiatric inpatient provider by DMH (see **Figure 1**). Despite the complexity of the licensure process, meeting both mental health and SUD treatment licensure standards is one standard used to gauge an organization's ability to care for populations with co-occurring disorders.[15]

Using data from DPH and DMH, the HPC found that of the 447 licensed mental health clinics in Massachusetts, 38 percent (169) held a license for both mental health and SUD services.[i] There are an additional 139 BSAS counseling or

Figure 1. Agencies responsible for licensing facilities and clinicians treating co-occurring disorders



Note: some settings of care for mental illness, SUD, and co-occurring disorders are not depicted here (e.g., Veterans Affairs facilities, public health hospitals, section 35 units, and individual and group physician offices).

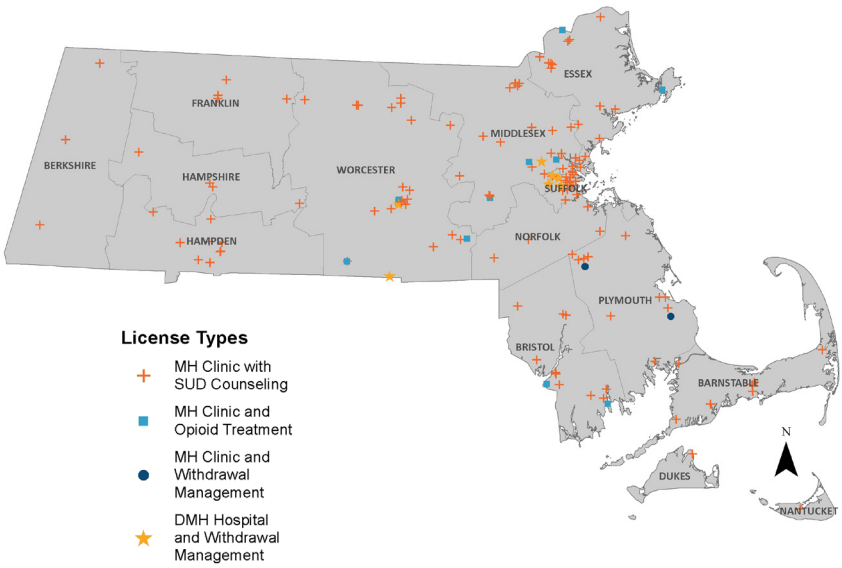
i Data updated on January 9, 2019.

MAT sites that do not have mental health clinic licensure. Of the 66 freestanding psychiatric hospitals and acute hospital psychiatric units licensed by DMH, only eight hold a concurrent license from BSAS for inpatient withdrawal management services.

Mental health clinics without a SUD license comprise nearly half (47%) of SUD and mental health outpatient facilities in Massachusetts (586 mental health clinics, and BSAS counseling and MAT sites).

The 169 dually licensed outpatient clinic sites are located throughout Massachusetts but are more densely clustered in urban centers (see **Figure 2**). Half of the population of the Cape and Islands lives more than 15 minutes from the nearest dually licensed outpatient clinic. Similarly, more than a third of the population in the Berkshires and Pioneer Valley lives more than 15 minutes from a dually-licensed clinic (**Figure 3**).

Figure 2. Dually licensed SUD and mental health provider organizations, 2018



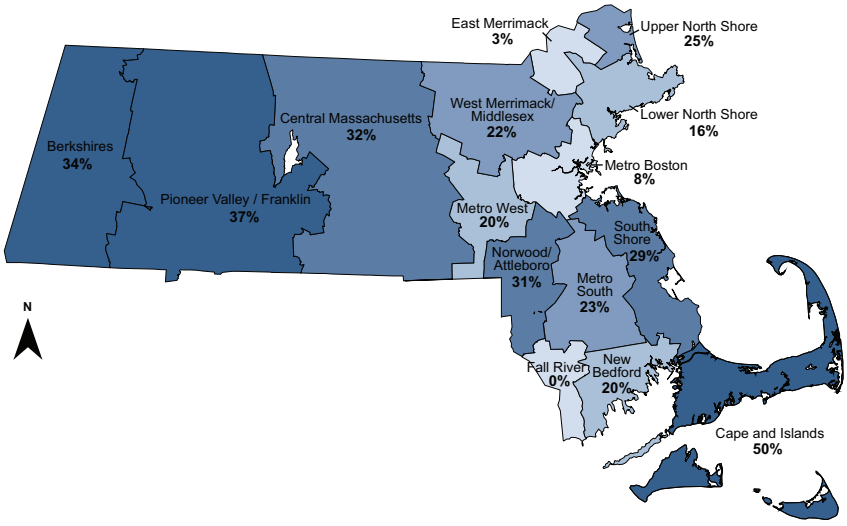
Dually licensed provider sites are located throughout Massachusetts. In more rural areas of the state, these clinics are quite far apart, which may present access barriers based on travel times and transportation barriers.

II. PROVIDER-REPORTED ACCESS AND OTHER BARRIERS TO INTEGRATED CARE IN THE COMMONWEALTH

Survey and Analytic Approach

The HPC reviewed publicly available national data from the Substance Abuse and Mental Health Services Administration (SAMHSA), and state data from the Massachusetts DPH and DMH on facilities offering specialized treatment for co-occurring disorders. The HPC found that the data did not give a robust picture of which providers offer integrated care.[ii] To assess provider capability to serve patients with co-occurring disorders, the HPC then conducted a survey sent by e-mail to 144 multi-site facility providers

Figure 3. Percent of population with more than 15 minute drive time to nearest dually licensed clinic, 2018



ii The Massachusetts agencies that establish regulations, enforce their compliance, and fund behavioral health services at facilities are DMH, BSAS and the BHCSQ within DPH, and MassHealth within the Executive Office of Health and Human Services.

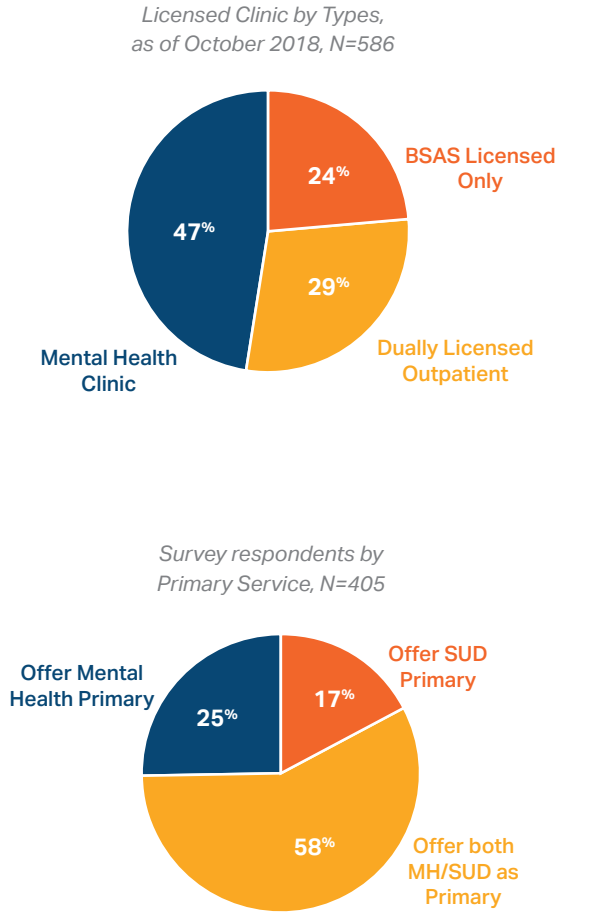
and 778 independent facility providers and individual clinicians, to ascertain their self-assessment of the availability of and barriers to timely and appropriate care for populations with co-occurring disorders. Due to the limited response rate among individual clinicians this report includes findings only from facility-based respondents. Administrators of facility-based providers answered questions about their service sites rather than about the individual clinicians working at their sites. Providers with multiple sites completed a single survey which asked them to answer each question about specific services or populations served with the number of sites within each HPC region which provided the services described in the question. In order to encourage candid responses to the survey questions, the HPC received blinded survey data.

Throughout the report, the term provider will be used to refer to facility-based behavioral health providers, which include clinics, psychiatric hospitals, and substance use disorder treatment organizations, including both counseling and residential services. The term clinicians will be used when discussing individual providers such as licensed social workers, licensed mental health counselors, certified drug and alcohol counselors, psychologists or physicians. Details about the methodology for identifying providers to be surveyed, the survey's administration, and the HPC's analytic approach are available in Appendix B.

Findings

Nearly all respondents reported accepting patients with co-occurring disorders and did not report having policies that exclude people with co-occurring disorders. To understand providers' assessment of their capacity to treat co-occurring disorders, the survey asked respondents to identify each site's primary service: mental health treatment, SUD treatment, or treatment for both. A slight majority (58%) of sites reported offering both mental health and SUD services as primary services. However, only a quarter of licensed outpatient sites are licensed for both SUD and mental health services (**Figure 4**). It is likely that providers who provide services for co-occurring disorders were more likely to respond to the survey but selection bias alone cannot account fully for this difference. This could mean that providers who reported offering both types of services as primary services are at a minimum not likely excluding patients with co-occurring disorders from treatment.

Figure 4. Licensed clinics by type, compared to survey respondents[iii]



iii Note on licensing: facilities that are licensed only as mental health clinics may not describe themselves as having separate identifiable substance use disorder programs (104 CMR 140.801 and 104 CMR 164.012). However, the clinical staff within these facilities, such as psychiatrists and licensed social workers, may appropriately diagnose and develop a course of treatment for any behavioral health disorder including substance use disorders.

Additionally, mental health center regulations list licensed alcohol and drug counselors and other licensed mental health and substance abuse practitioners as some of the professional staff the center may include (105 CMR 140.530 (C)(6)). The licensure of substance abuse treatment program regulations also includes a multi-disciplinary team staffing model that may include psychiatrists, psychologists, social workers, all of whom could appropriately develop treatment plans that address co-occurring mental health disorders. Finally, DMH hospital regulations require all inpatient psychiatric hospitals to have protocols for addressing substance use disorders at their facilities, regardless of whether those facilities are concurrently licensed by BSAS (104 CMR 27.03).

Vulnerable populations

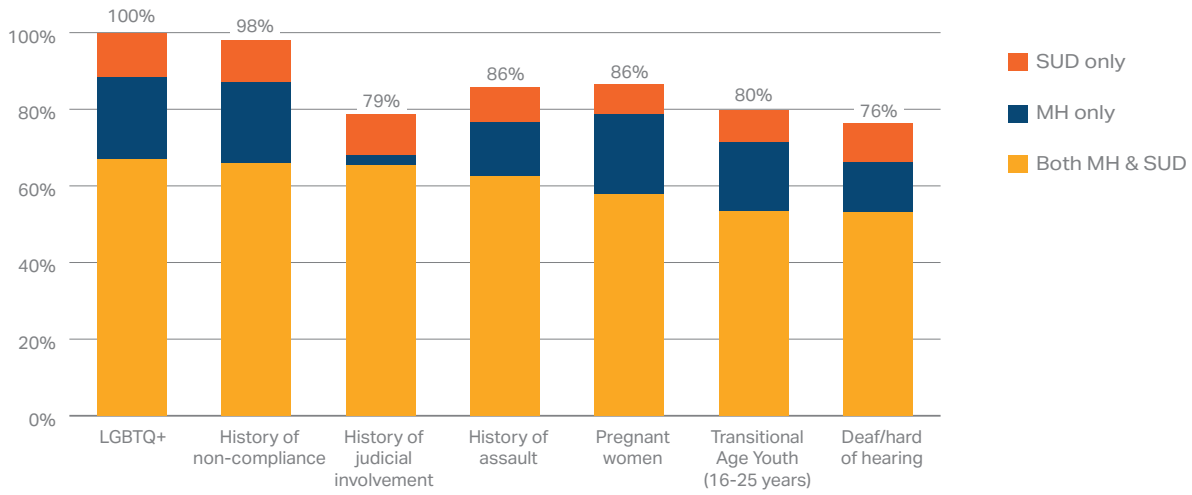
For providers that responded that they accept patients with co-occurring disorders, which includes facilities that provide both mental health and SUD services and those that provide only one service, the HPC asked about their ability to treat people who may have special needs and whether they provide mental health, SUD or both services to these populations. While all providers responded that they treat people with co-occurring disorders who identify as LBGTQ and 98% reported treating people with a history of non-adherence to treatment, only 80% reported treating transitional age youth (16 to 25 years old), 79% reported treating people with a history of judicial involvement, and 76% reported treating people who are deaf or hard of hearing (**Figure 5**). And while most mental health clinics reported providing services to pregnant women with co-occurring disorders, fewer facilities that provide only SUD services or both mental health and SUD services reported treating pregnant women, denoting a potentially important access issue. These findings, however, likely reflect that providers may not have specialized services or particular expertise in treating special populations, rather than indicating that they actively exclude such patients. For example, only a few clinics that offer only mental health services as primary services reported treating patients with a history of judicial involvement, however it is unlikely that these clinics would have information on a patient's historical judicial involvement at intake.

Almost all (90%) providers who reported accepting patients with co-occurring disorders indicated that they treat common, mild mental illness. Fewer such providers reported being able to treat severe, rare conditions, especially eating disorders, which only 62% reported being able to treat. Survey results showed few differences in ability to treat SUD by substances used.

Prescribing capacity

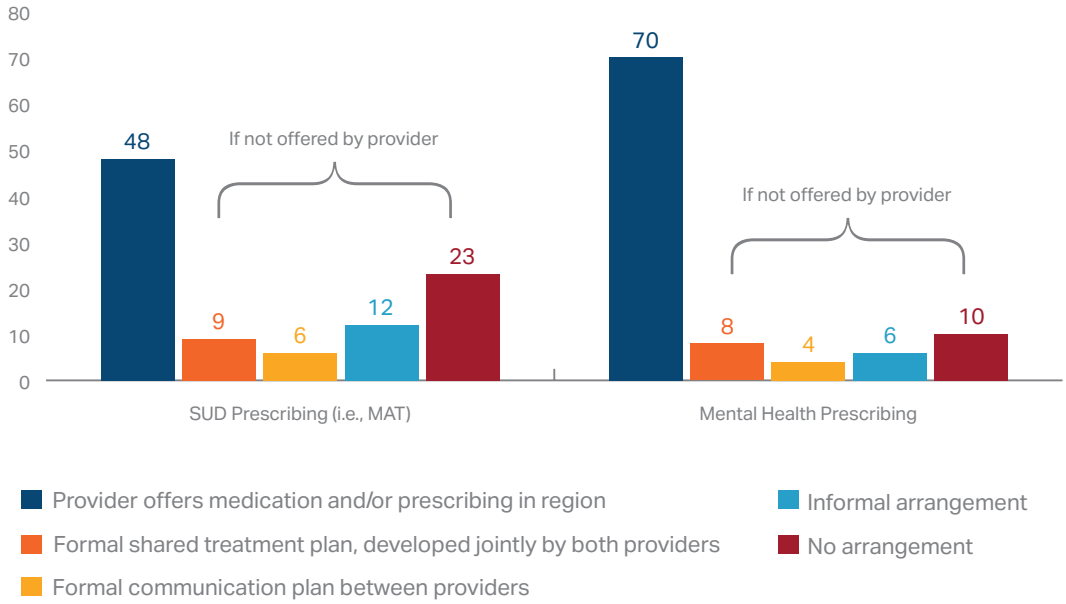
Providers reported a range of prescribing capacity for psychiatric and SUD medications, with some important limitations. Mental health prescribing is available at mental health clinics that have a psychiatrist on staff, through an independently licensed psychiatrist, or through a patient's primary care physician. Mental health prescribing is less available at SUD treatment programs unless the program has a memorandum of understanding with a psychiatric prescriber. MAT is available for methadone at licensed ambulatory opioid treatment programs (OTP) and for buprenorphine at office-based opioid treatment (OBOT) programs from qualified clinicians with X-waivers (who may practice independently), and at community health, mental health, and SUD clinics.[iv,16]

Figure 5. Percentage of respondents that reported treating vulnerable populations with co-occurring disorders



iv X-waiver refers to waivers authorized by the Drug Enforcement Agency (DEA) under the Drug Addiction Treatment Act (DATA) of 2000 that allow qualified clinicians to prescribe and dispense buprenorphine to a limited number of patients.

Figure 6. Prescribing and medication arrangements at provider sites that reported serving patients with co-occurring disorders (n=98)



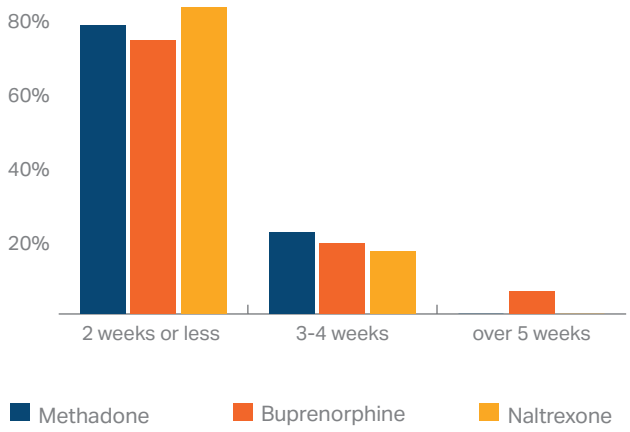
Providers also reported a range of on- and off-site prescribing access for patients. Nearly three-quarters of respondents treating both primary SUD and mental illness indicated that they offer mental health prescribing at another site in the region, and 10% indicated that they had no arrangements or did not know the arrangements in place for coordinating mental health prescribing. Access to MAT through mental health providers was less robust, with less than half offering it on-site, and nearly a quarter lacking any MAT arrangement (**Figure 6**).

Wait Times

Timely access to care is critical for positive outcomes for patients with co-occurring disorders. People with SUD often have short windows of time during which they are motivated to initiate treatment. If treatment is unavailable when people seek it, they may resume substance use, especially if their withdrawal symptoms are severe. While same day access is ideal, access within a few days is still valuable. Long wait times for mental health treatment also limit access and negatively impact care engagement.[17]

Same-day or nearly immediate access to MAT is particularly critical for reasons described above. It is not clear that wait times for MAT vary much based on the presence of co-occurring disorders. Nearly 80% of respondents offering any kind of MAT reported offering access to MAT within two weeks (**Figure 7**), while around 20% reported wait times of three to four weeks, and 6 % of providers reported wait times over five weeks (for buprenorphine only).

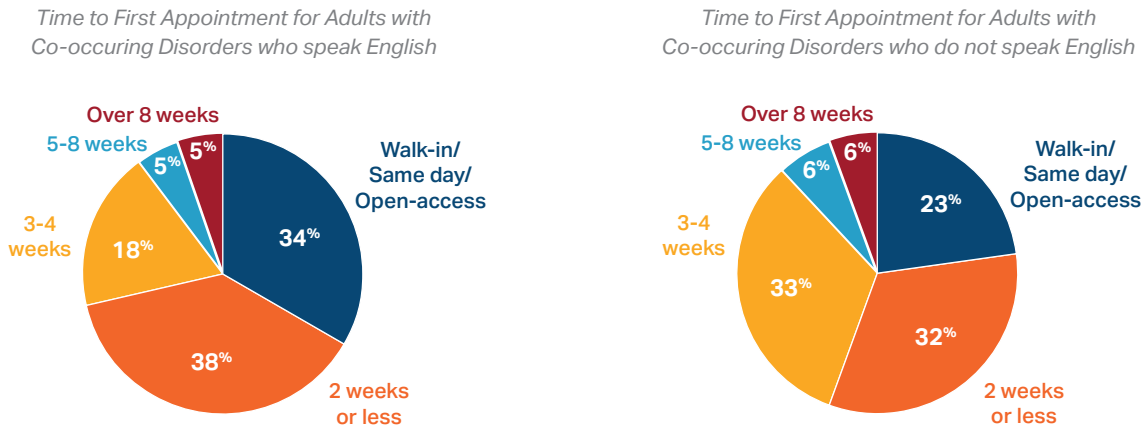
Figure 7. Time to first appointment for MAT for people with co-occurring disorders[v]



Wait times for residential services for people with co-occurring disorders are substantial. Only 25% of respondents' SUD residential treatment facilities that accept patients with

v Figure 7 includes any responding providers who indicated that they offered any medication for addiction treatment.

Figure 8. Time to first outpatient appointment, by language spoken

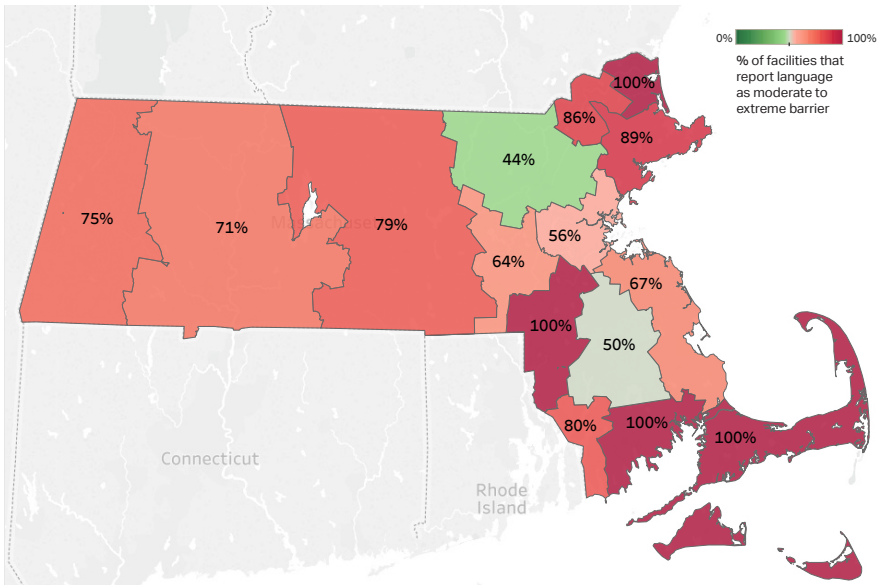


co-occurring disorders reported wait times shorter than two weeks, with 33% reporting wait times over five weeks. Reported wait times were even longer at long-term mental health residential treatment facilities that can accept people with co-occurring disorders. Fifty-seven percent of respondents with residential mental health facilities reported wait times over eight weeks, and 86% reported wait times over five weeks.

People with co-occurring disorders who do not speak English face significant wait times. While respondents indicated that 34% of their sites reported offering same-day or walk-in access to patients who speak English, only 23% can offer same-day appointments to patients who require services in another language (**Figure** 8). Similarly, 45% of respondents reported wait times longer than three weeks for co-occurring disorders care for people who require services in languages other than English, compared to 28% for people who can receive services in English.

Respondents reported that, at 34% of their sites, a lack of clinicians qualified to treat patients who do not speak English was a moderate to extreme barrier to care in their HPC regions. While this perception varied regionally, it was cited as a barrier both in regions with lower proportions of the population that speak other languages as well as in more diverse regions (**Figure 9**).

Figure 9. Percent of facilities that reported a lack of clinicians who speak languages other than English as a moderate to extreme barrier to care



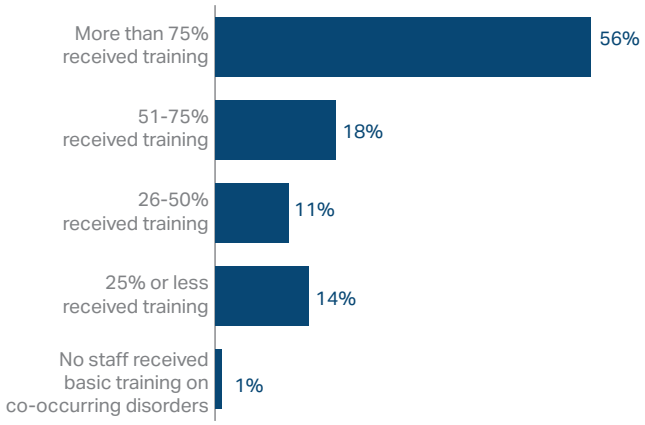
Training on co-occurring disorders treatment

While nearly all respondents reported treating people with co-occurring disorders, a smaller portion indicated that all staff had received basic training on treatment of co-occurring disorders. A quarter of facilities indicated that fewer than half of their employees, including clinical and office staff, received any training on treating co-occurring disorders (**Figure 10**). While most responding facilities appear to accept patients with co-occurring disorders, staff training in co-occurring disorders care also appears to vary widely by site.

Responding providers' perceptions of barriers

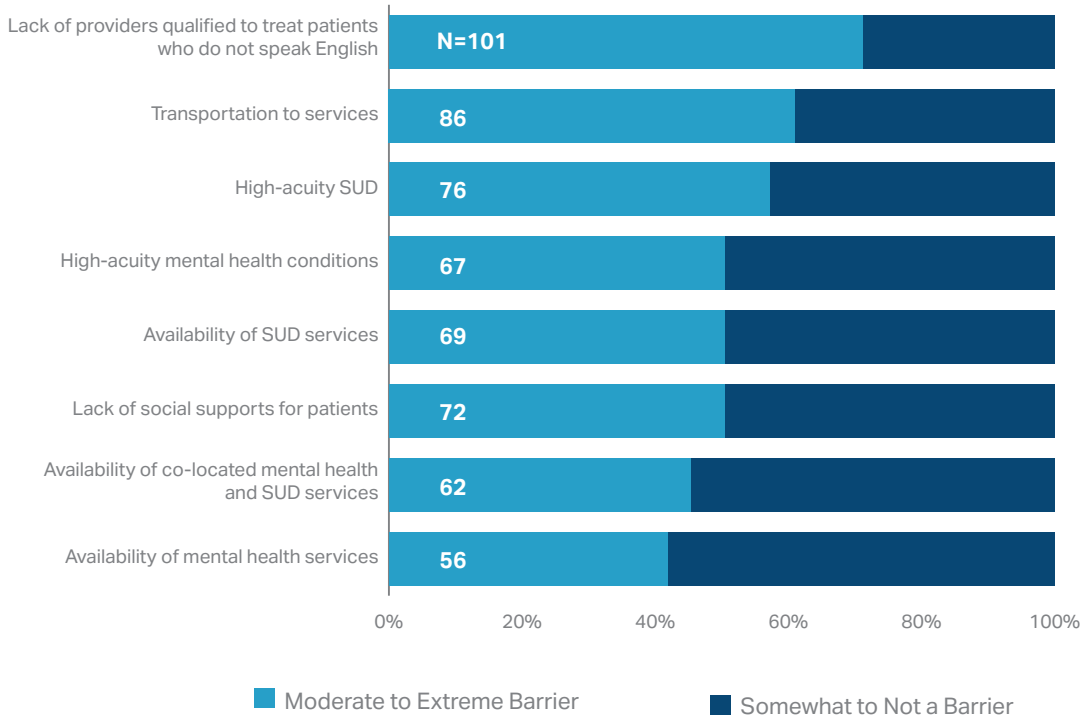
Provider opinions varied greatly about identified barriers to care for people with co-occurring disorders such as availability of SUD or mental health services, especially for those with high acuity conditions, availability of co-located services, lack of social supports for patients that allowed them to engage with treatment, transportation to services, and language barriers. The most commonly cited barriers were lack of clinicians qualified to treat patients who do not speak English and transportation to services (**Figure 11**). Many providers also cited access to care for high-acuity SUD or mental health conditions as a barrier.

Figure 10. Staff with basic training on co-occurring disorders, by percent of responses



Regarding compensation and insurance coverage for treatment of co-occurring disorders, nearly three-quarters of respondents found reimbursement to be inadequate, especially for care coordination services. Most provider organizations reported accepting MassHealth and commercial insurance, with a lower percentage accepting Medicare, and fewer respondents accepting TRICARE or Veterans Affairs benefits.

Figure 11. Providers' perceptions of barriers to care



III. POLICY RECOMMENDATIONS

These policy recommendations are informed by the analyses published in this policy brief, stakeholder input, a review of academic literature, SAMHSA publications, as well as current HPC work. They align with ongoing work across the Commonwealth to improve access to care for populations with co-occurring disorders and, in particular, for people with opioid use disorder and mental health conditions. They acknowledge existing commitments to mitigating the consequences of long-standing fragmentation within behavioral health care and between behavioral and physical health, and suggest additional efforts that aim toward a more integrated, systematic approach to care.

1. Recommendation: The Commonwealth should continue to promote and fund evidence-based integrated care models for the treatment of co-occurring disorders, particularly those that integrate care with community based organizations, primary care providers, and social service organizations.

Additional efforts should be made to drive innovation, identify compelling new care models, and evaluate their efficacy to build the evidence base for integrated, high-quality behavioral health care. Some examples of these models include: Integrated Dual Disorder Treatment (IDDT)[10], Dual Diagnosis Enhanced (DDE)[11], Modified Therapeutic Community (MTC)[12], and open access scheduling.[13] A local provider, SSTAR, is piloting open access scheduling at its practice in Fall River as described in the call-out box, yet is not reimbursed for costs associated with operating such a model.[18] Payers should consider policy changes to ensure the sustainability of such integrated care models.

SSTAR'S OPEN ACCESS CENTER

SSTAR, a behavioral health provider in Fall River, MA, offers on-demand, walk-in access to assessments and drop-in access to group meetings from 7:30 am to 4:30 or 8:30 pm. Drop-in group topics include "Co-occurring Disorders and Family Dynamics", "Maintaining Long Term Recovery", Spanish speaking groups, and groups open to SSTAR clients and their families.

Primary care providers and community-based social services organizations also play an important role in improving care for patients with co-occurring disorders in terms of screening, referral, and coordination of care. Improved training for primary care providers to identify co-occurring disorders and refer patients to appropriate community-based care, for example, aligns with the "no wrong door" approach to improving access to behavioral health treatment. Given the access challenges associated with transportation and other health-related social needs for populations with co-occurring disorders, partnerships between behavioral health providers, primary care providers, and community-based organizations could facilitate transportation coordination and other opportunities to address the barriers that often inhibit access to care.[19]

As legislators and agencies develop new policies and fund investments in co-occurring disorders care, it will be especially important to identify the cultural and social needs of the most vulnerable and to modify care delivery practice to respond to these needs.

2. Recommendation: The Commonwealth should strengthen access to behavioral health medication treatment and recognize it as a standard of care.

The HPC's findings point to a particular opportunity to improve access to prescribing capacity for SUD and MAT in mental health clinics and the reverse – psychiatric prescribing and monitoring in SUD-focused providers. The Commonwealth should promote and support access to prescribing providers through telemedicine, memoranda of understanding, or innovative models to ensure a coordinated care delivery approach that provides both medication and necessary counseling services. MassHealth's recent policy change to reimburse certain provider types for telehealth services at rates equal to those for services provided in traditional settings is a positive step toward increased access to behavioral health services. Commercial payers should consider implementing similar policy changes to improve access to prescribing clinicians. Any assessment of payer network adequacy should consider supply of providers with capacity to prescribe and care for co-occurring disorders in an integrated manner.

In the context of increased prevalence of opioid use disorder and alcohol use disorder, it is important to increase the availability of medication for addiction treatment as a standard component of behavioral health care. Investments in providers' training in and obtaining waivers for buprenorphine prescribing will continue to be necessary for the supply of addiction treatment to meet demand. Such investments should continue to be made for clinicians in behavioral health, at the provider organization level, and

throughout primary care, emergency departments, and other settings in which people access health care.

3. Recommendation: The Commonwealth should continue to develop a systematic approach to identifying and monitoring the prevalence of co-occurring disorders as well as the service capacity and availability of providers in Massachusetts to meet that need.

This study highlights the challenges in accessing integrated care for co-occurring disorders faced by particularly vulnerable populations and geographic areas of the Commonwealth. As rates of co-occurring disorders continue to increase, the state should prioritize data collection – including demographic features and health outcomes of people with co-occurring disorders and on the availability of integrated, culturally-appropriate, evidence-based treatment providers (especially prescribers). The ability to stratify outcomes and other data by race, ethnicity, linguistic preference, and other features is essential for efforts to understand and mitigate health disparities.

A patient and family perspective will also be critical to understanding the full picture of the impact of co-occurring disorders and access to care. Systematic and regular tracking of changes in provider capacity and preparedness for meeting patients' needs (e.g., limiting wait times, aligning providers' staff demographics with local patient demographics) is critical to informing appropriate resource allocation, especially in underserved communities.

Efforts to evaluate quality in this area are also important. For example, MassHealth and DPH are implementing a program, in partnership with Shatterproof, to pilot provider rating in the behavioral health space.[20] The program seeks to capture certain information on co-occurring disorders as well as health-related social needs.

4. Recommendation: The Commonwealth should continue to invest in developing a diverse, well-trained, and supported behavioral health workforce.

Improving both the number and training of behavioral health clinicians available to care for diverse populations with co-occurring disorders represents a critical opportunity in Massachusetts. In light of an increasingly diverse population and evidence from HPC findings, behavioral health providers lack adequate capacity to deliver culturally appropriate care in languages that their patients speak, including American Sign Language, and for distinctive populations such as transitional-aged youth.

The findings also suggest a need for additional training opportunities to improve the existing workforce's capacity to manage co-occurring disorders in a team-based, evidence-based, high-quality manner. Standardized training requirements should be developed for academic and professional development programs. To address a lack of access to prescribing clinicians, students becoming physician assistants, advanced practice nurses, or physicians focused on behavioral health or primary care should also be required to pursue training and waivers to prescribe buprenorphine. Primary care and behavioral health provider employers should in turn consider requiring such credentials as a condition of hiring. The Commonwealth has begun to address this by partnering with medical schools throughout Massachusetts and with the Massachusetts Medical Society to develop medical education core competencies for the prevention and management of prescription drug misuse, so medical students receive enhanced training in prevention and treatment.[21]

Behavioral health providers also struggle, relative to physical health providers, to attract and retain staff. Increased training on potential occupational hazards, including violence, vicarious trauma, and other factors that contribute to burn out and access to mental health support services for the workforce itself may help. Building on the exemplary work of the MassHealth program through the Delivery System Reform Incentive Program (DSRIP), the Commonwealth should continue to pursue protecting loan forgiveness resources and programs for providers who enter the workforce specifically to care for co-occurring disorders in order to increase clinician recruitment and retention.

5. Recommendation: EOHHS should continue its efforts to streamline the licensure process for providers seeking both SUD and mental health licenses.

Updating licensure and regulatory frameworks is an opportunity to improve access for people with co-occurring disorders, while promoting high-quality standards of care. Ongoing and future efforts to streamline licensure standards within and between DMH and DPH will reduce the disproportionate administrative burden on behavioral health clinics and facilities, such as the revisions to the DPH clinic regulations which are currently under review.

For individuals with co-occurring disorders, wait times for residential services are disproportionately longer than for outpatient care. As access to appropriate and safe living options is essential to recovery from SUD and co-occurring

conditions, it will be important to increase the availability of residential treatment and the number of residential providers that are licensed to care for patients with co-occurring disorders. While BSAS was formerly the only payer to cover inpatient, residential services, MassHealth began covering these services in 2018 through its Section 1115 waiver demonstration, representing a significant positive step in increasing access.[22] Additionally, BSAS recently administered a competitive procurement process that identified 26 providers it will support in expanding state-wide capacity for residential rehabilitation services and co-occurring enhanced programs.[23]

Allowing out-of-state clinician license reciprocity and streamlining the provider credentialing process with payers would remove some of the barriers to practice in Massachusetts. Additionally, since many psychiatrists do not accept any insurance, the Commonwealth should consider requiring that psychiatrists accept insurance as a condition of licensure.

6. Recommendation: Payers should improve payment policies that limit access to mental health and SUD services

Surveyed mental health and SUD providers noted frustration with low reimbursement rates relative to other specialties, fragmentation perpetuated by carve out structures, and other payment policies. Payment policies may be particularly inadequate to address the resources needed to care for patients with co-occurring disorders. Further, the persistent disparity between payment rates for physical and mental health services disincentivizes access and integration. Implementing adequate reimbursement rates and updated payment policies (e.g., allowing for billing for mental health and substance use disorder claims on the same day) for behavioral health services, particularly for people with co-occurring disorders and other complexities, would address some of the financial barriers to providing integrated mental health and SUD treatment. ACOs and alternative payment arrangements offer opportunities to support the integration of behavioral health into medical care so the health system can address whole person needs.

APPENDIX A: Statutory Language

"The health policy commission, in consultation with the department of public health and the department of mental health, shall conduct a study on the availability of health care providers that serve patients with dual diagnoses of substance use disorder and mental illness, in inpatient and outpatient settings. The study shall include: (i) an inventory of health care providers with the capability of caring for patients with dual diagnoses, including the location and nature of services offered at each such provider; (ii) an inventory of health care providers specializing in caring for child and adolescent patients with dual diagnoses, including the location and nature of services offered at each such provider; and (iii) an assessment of the sufficiency of dual diagnosis resources in the commonwealth considering multiple factors, including but not limited to population density, geographic barriers to access, insurance coverage and network design, incidence of mental illness and substance use disorders and the needs of individuals with dual diagnoses. The study shall also consider barriers to access to comprehensive mental health and substance use disorder treatment for adults, seniors, children and adolescents and shall include recommendations to reduce barriers to treatment for patients with dual diagnoses, including the appropriate supply and distribution of health care providers with such capability. The commission shall report to the joint committee on mental health and substance abuse and the house and senate committees on ways and means not later than 12 months following the completion of the study."[24]

APPENDIX B: Survey Methodology and Analytic Approach

The HPC combined data on provider directories from the Blue Cross Blue Shield of Massachusetts Foundation, Harvard Pilgrim Health Plan, Tufts Health Plan and Beacon Health Strategies and data from the Substance Abuse and Mental Health Services Administration with state licensing data from the Massachusetts Department of Mental Health (DMH), Department of Public Health's (DPH) Bureau of Health Care Safety and Quality (BHCSQ) and Bureau of Substance Addiction Services (BSAS), to create a master list of providers to survey. HPC gathered key contact names and e-mail addresses from the two major behavioral health provider organizations in Massachusetts, the Association for Behavioral Healthcare (ABH) and the Massachusetts Association of Behavioral Health Systems (MABHS), and used a vendor, Healthcentric Advisors, to validate and add to these e-mail addresses.[vi]

The HPC contracted with Healthcentric Advisors to develop a survey that was sent to each provider organization. The survey asked for information about the services provided at their sites in each of the HPC geographic regions. Survey topics included the service provided, populations served, the extent to which services specifically for co-occurring disorders are provided, and barriers to providing integrated care for co-occurring disorders.

Facility-based providers answered questions about their service sites, rather than about their individual clinicians working at their sites. Providers with multiple sites completed a single survey which asked them to answer each question about specific services or populations served with the number of sites within each HPC region which provided the services described in the question.

In order to encourage open feedback to the survey questions, providers were informed that responses would be reported at an aggregate level. Healthcentric Advisors used provider identifying information to track responses and follow-up with those provider organizations that did not initially respond to the survey. Healthcentric Advisors organized the data from the responses to a respondent level, and provided this data to HPC for analysis, with all providers' identifying information removed from the raw data.

Analysis used in this report was conducted by HPC using only fully completed survey responses. HPC received completed responses for 405 sites of service in Massachusetts, which represents slightly more than 50% of licensed behavioral health treatment sites in Massachusetts. Survey responses represented providers from across Massachusetts.

The survey results do reflect some sampling bias, as those who completed the survey may have had more interest and experience in treating people with co-occurring disorders than those who did not respond to the survey may have had. It is possible that the results indicate higher availability of co-occurring disorders care than people may find when seeking it.

The inventory of behavioral health provider organizations licensed to provide both mental health and substance use disorder services (Appendix C) is based on a list of BSAS licensed providers, DPH Bureau of Health Care Safety and Quality (BHCSQ) and DMH Licensed hospitals as of 3/23/2018. Those providers who had BSAS and BHCSQ licenses or BSAS and DMH licenses are included. The inventory was reviewed and updated with input from DPH and DMH staff prior to publication.

vi While HPC considered using claims data in its analysis, the Massachusetts All Payer Claims Database excludes SUD claims and could not, therefore, be a source of analysis. Additionally, the Hospital Inpatient Discharge Database and Hospital Emergency Department Database, both from the Center for Health Information and Analysis, contain patient level data by hospital on emergency and acute inpatient stays, and can provide some information on acute services. They do exclude specialty facilities such as psychiatric hospitals and detoxification facilities that are not part of an acute hospital, so do not provide valid sources of data for this analysis.

APPENDIX C: Inventory of Behavioral Health Provider Organizations Licensed to Provide both Mental Health and Substance Use Disorder Services, Names, Addresses, and License Types

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
JRI Metrowest Behavioral Health Center	380 Massachusetts Avenue	Acton	01720	Clinic	Yes
CHD Outpatient Behavioral Health Services	367 Pine Street	Agawam	01001	Clinic, BSAS Counseling	Yes
Amesbury Psychological Center, Inc.	24 Morrill Place, Lower Level	Amesbury	01913	Clinic, BSAS Counseling	Yes
Column Health	339 Massachusetts Avenue	Arlington	02474	Clinic, BSAS Counseling	
Clinical & Support Options Inc.	491 Main Street 2nd Floor	Athol	01331	Clinic, BSAS Counseling	Yes
Community Counseling of Bristol County, Inc.	5 Bank Street Suite 206	Attleboro	02703	Clinic	
South Bay Community Services	607 Pleasant Street Ste 115	Attleboro	02703	Clinic, BSAS Counseling	
Southern New England Behavioral Health and Trauma Center	140 Park Street, Box 2037	Attleboro	02703	Clinic, BSAS Counseling	Yes
The Edinburg Center	205 Burlington Road, 1st Fl	Bedford	01730	Clinic, BSAS Counseling	
McLean Hospital	115 Mill Street	Belmont	02478	BSAS Adult Residential, BSAS Adolescent Residential, DMH Hospital with Withdrawal Management in Unit	Yes
Lahey Health Behavioral Services Beverly Clinic	800 Cummings Center Suite 266t	Beverly	01915	Clinic, BSAS Counseling	Yes
Behavioral Health Services	774 Albany Street, 3rd & 4th Fl	Boston	02118	Clinic, BSAS Counseling	
Boston ASAP	25 Kingston Street, 3rd Floor	Boston	02108	Clinic	Yes
Children's Services Of Roxbury Behavioral Health Services	520 Dudley Street	Boston	02119	Clinic, BSAS Counseling	Yes
Daniel Driscoll - Neponset Health Center	398 Neponset Avenue	Boston	02122	Clinic, BSAS Counseling	
Dimock Community Health Center	45 Dimock Street	Boston	02119	Clinic, BSAS Counseling	Yes
East Boston Counseling Center	14 Porter Street	Boston	02128	Clinic, BSAS Counseling	
Familias Unidas Outpatient Services	245 Eustis Street	Boston	02119	Clinic, BSAS Counseling	
Fenway Community Health Center	1340 Boylston St, 1 2 3 4 6 & 7 Fls	Boston	02115	Clinic, BSAS Counseling	Yes
Fenway South End	142 Berkeley St.-2nd Fl-Suite 203	Boston	02115	Clinic, BSAS Counseling	Yes
Freedom Trail Clinic	25 Staniford Street	Boston	02116	Clinic, BSAS Counseling	
Gavin Foundation Inc./Cushing House-Girls, Cushing House-Boys	54-58 Old Colony Avenue	Boston	02127	BSAS Adolescent Residential	Yes
Geiger-Gibson Community Health Center	250 Mount Vernon Street	Boston	02125	Clinic, BSAS Counseling	
Harvard St Neighborhood Health Center	632 Blue Hill Avenue	Boston	02121	Clinic, BSAS Counseling	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
Sidney Borum Jr. Health Center of Fenway	75 Kneeland Street	Boston	02115	Clinic, BSAS Counseling	Yes
South Boston Collaborative Center	1226 Columbia Road A, 1st Floor	Boston	02127	Clinic, BSAS Counseling	
South End Community Health Center	1601 Washington Street 2nd & 3rd Fl	Boston	02118	Clinic, BSAS Counseling	
Upham's Corner Health Center	415 Columbia Rd	Boston	02125	Clinic, BSAS Counseling	
Whittier Street Health Center	1290 Tremont Street 1,2,3,4 & 5 Fls	Boston	02120	Clinic, BSAS Counseling	
Arbour Counseling Services – Brighton	14 Fordham Road Second Floor	Brighton	02135	Clinic, BSAS Counseling	Yes
Column Health Brighton	71/73 Washington Street	Brighton	02135	Clinic	
St. Elizabeth's Medical Center	736 Cambridge Street	Brighton	02135	BSAS Counseling, Withdrawal Management, DMH Hospital (Withdrawal Management and Psychiatric units are separate units, not jointly licensed)	
Family & Community Resources Inc.	18 Newton Street	Brockton	02301	Clinic, BSAS Counseling	
Gandara Brockton Clinic	142 Crescent Street, 2nd Fl	Brockton	02302	Clinic	
High Point Treatment Center	10 Meadowbrook Road	Brockton	02301	Clinic, Withdrawal Management	Yes
High Point Treatment Center, Inc./ Castle Youth Stabilization Program	20 Meadowbrook Road	Brockton	02301	Withdrawal Management, BSAS Clinical Stabilization Services	Yes
High Point Treatment Center, Inc./ Brockton Addiction Treatment Center	30 Meadowbrook	Brockton	02301	Clinic, BSAS Counseling, Withdrawal Management, BSAS Clinical Stabilization Services	
Luminosity Behavioral Health	157 Main Street, Suite 201	Brockton	02301	Clinic, BSAS Counseling	Yes
South Bay Community Services	103 Commercial Street	Brockton	02301	Clinic, BSAS Counseling	Yes
South Bay Community Services	1115 W. Chestnut St Ste 101 & 102	Brockton	02301	Clinic, BSAS Counseling	
Unlimited Behavioral Health Services	348 North Pearl Street	Brockton	02301	Clinic, BSAS Counseling	
HRI Hospital	227 Babcock Street	Brookline	02446	BSAS Counseling, DMH Hospital with Withdrawal Management in Unit	
Odonata Psychotherapy & Retreat Center	121 Main Street	Buzzards Bay	02532	Clinic, BSAS Counseling	
Institute For Health & Recovery Inc.	349 Broadway	Cambridge	02139	Clinic, BSAS Counseling	Yes
North Charles Inc.	54 Washburn Avenue	Cambridge	02140	Clinic, BSAS Counseling, Methadone	
Revelations Talk Therapy LLC	529 Main St The Schafft Ctr, P-200	Charlestown	02129	Clinic, BSAS Counseling	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
Chelsea Counseling Center	301 Broadway	Chelsea	02150	Clinic, BSAS Counseling	
Bournewood Hospital	300 South Street	Chestnut Hill	02467	DMH Hospital with Withdrawal Management in Unit	
Center for Human Development/ Goodwin House	187 Fairview Avenue	Chicopee	01301	BSAS Adolescent Residential (Co-occurring disorder capable)	Yes
Eliot Center	86 Baker Ave Extension Suite 100	Concord	01742	Clinic, BSAS Counseling	
Catholic Charities Family Counseling And Guidance Center Danvers	152 Sylvan Street 2nd Floor	Danvers	01923	Clinic, BSAS Counseling	Yes
Southcoast Behavioral Health Hospital	581 Faunce Corner Rd.	Dartmouth	02747	DMH Hospital with Withdrawal Management in Unit	
Everett Outpatient Clinic	173 Chelsea Street	Everett	02149	Clinic, BSAS Counseling	
Arbour Counseling Services	1082 Davol Street Ste 204	Fall River	02720	Clinic, BSAS Counseling	Yes
Institute For Health & Recovery Inc.	275 Martine Street Suite 203	Fall River	02723	Clinic, BSAS Counseling	Yes
SSTAR South End Services	1010 South Main Street	Fall River	02724	Clinic, Methadone	
Stanley St Treatment & Resources Health Center	386-400 Stanley Street	Fall River	02720	Clinic, BSAS Counseling	Yes
Steppingstone Outpatient Clinic	279 North Main Street	Fall River	02720	Clinic, BSAS Counseling	
Steppingstone Outpatient Program	179 North Main Street Ste 1	Fall River	02720	Clinic, BSAS Counseling	
Gosnold Counseling Center	196 Ter Heun Drive	Falmouth	02541	Clinic, BSAS Counseling	Yes
Agawam Counseling Center	30 Southwick Street	Feeding Hills	01030	Clinic, BSAS Counseling	
Community Health Connections Family	326 Nichols Road	Fitchburg	01420	Clinic, BSAS Counseling	
Counseling & Assessment Clinic Worcester	76 Summer Street, Suite 200	Fitchburg	01420	Clinic, BSAS Counseling	Yes
LUK Behavioral Health Clinic	545 Westminster Street	Fitchburg	01420	Clinic, BSAS Counseling	Yes
Multicultural Wellness Center	515 Main Street 3rd Floor	Fitchburg	01420	Clinic, BSAS Counseling	
Advocates Community Counseling-Framingham	354 Waverly St Second Floor	Framingham	01702	Clinic, BSAS Counseling	Yes
SMOC Behavorial Health Services	298 Howard Street	Framingham	01702	Clinic	Yes
Spectrum Health Systems Inc.	68 Franklin Street	Framingham	01701	Clinic, BSAS Counseling, Methadone	
Wayside Metrowest Counseling Center	88 Lincoln Street	Framingham	01702	Clinic, BSAS Counseling	
Arbour Counseling Services	38 Pond Street, Suite 101	Franklin	02038	Clinic, BSAS Counseling	Yes
Clinical & Support Options	205 School Street Suite 301	Gardner	01440	Clinic	
Greater Gardner Community Health Center	175 Connors Street, 1st, 2nd 3rd Fl	Gardner	01440	Clinic, BSAS Counseling	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
Gloucester Clinic	298 Washington Street	Gloucester	01930	Clinic, BSAS Counseling, Methadone	Yes
Brien Center Mental Health & Substance Abuse Services	60 Cottage Street	Great Barrington	01230	Clinic, BSAS Counseling	Yes
CHD Outpatient Behavioral Health Services	489 Bernardston Road Ste 204	Greenfield	01301	Clinic, BSAS Counseling	
Clinical & Support Options Clinic	1 Arch Place 1st Floor	Greenfield	01301	Clinic, BSAS Counseling	Yes
ServiceNet Outpatient Clinic	55 Federal Street	Greenfield	01301	Clinic, BSAS Counseling	
Advocates Community Counseling	257 Ayer Road	Harvard	01451	Clinic	Yes
Cornerstone Adult Behavioral Learning Center	200 Main Street, Unit F, 1st Floor	Haverhill	01830	Clinic	
NFI Massachusetts Inc.	76 Winter Street	Haverhill	01830	Clinic, BSAS Counseling	Yes
Spectrum Health Systems Inc.	100 Plaistow Road	Haverhill	01832	Clinic, BSAS Counseling, Methadone	
Brightside Counseling LLC	1233 Main Street	Holyoke	01040	Clinic, BSAS Counseling	
CHD Outpatient Behavioral Health Services	1221 Main Street, Suite 309	Holyoke	01040	Clinic, BSAS Counseling	Yes
City Clinic	235 Maple Street	Holyoke	01040	Clinic, BSAS Counseling	
City Clinic Holyoke Health Center	230 Maple Street Suite H350	Holyoke	01040	Clinic, BSAS Counseling	
Holyoke MSPCC Family Counseling Center	9 Sullivan Road, Suite #1	Holyoke	01040	Clinic, BSAS Counseling	
Mercy Hospital dba Providence Hospital	1233 Main Street 6th Floor	Holyoke	01040	Withdrawal Management, DMH Hospital (Withdrawal Management and Psychiatric units are separate units, not jointly licensed)	
Huntington Health Center	73 Russell Road, Route 20	Huntington	01050	Clinic, BSAS Counseling	
Cape Cod Human Services Inc.	460 West Main Street	Hyannis	02601	Clinic, BSAS Counseling	
Harbor Community Health Center – Hyannis	735 Attucks Lane	Hyannis	02601	Clinic, BSAS Counseling	
Hyannis MSPCC Family Counseling Center	206 Breeds Hills Road	Hyannis	02670	Clinic, BSAS Counseling	
Arbour Counseling Jamaica Plain	157 Green Street, Floors 1, 2 & 3	Jamaica Plain	02130	Clinic, BSAS Counseling	Yes
Boston Health Care for the Homeless @ Hopefound	170 Morton Street	Jamaica Plain	02130	Clinic, BSAS Counseling	
Brigham and Women's Faulkner Hospital	1153 Centre Street	Jamaica Plain	02130	BSAS Counseling, Withdrawal Management, DMH Hospital (Withdrawal Management and Psychiatric units are separate units, not jointly licensed)	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
Center for Behavioral Health	31 Heath St 2nd Floor	Jamaica Plain	02130	Clinic	
UHS, Inc. Arbour Hospital, Inc. / Arbour – North 2 Dual Diagnosis Unit	49 Robinwood Ave	Jamaica Plain	02130	DMH Hospital with Withdrawal Management in Unit	
Column Health Lawrence	280 Merrimack St, Unit 112 (Etnc B)	Lawrence	01843	Clinic, BSAS Counseling	
Family Services of the Merrimack Valley	430 North Canal Street	Lawrence	01840	Clinic, BSAS Counseling	
Lawrence Clinic	12 Methuen Street, Third Floor	Lawrence	01841	Clinic, BSAS Counseling	Yes
Lawrence MSPCC Family Counseling Center	439 South Union St Ste 110	Lawrence	01843	Clinic	
New Beginnings Wellness Center Inc.	803 Main Street	Leicester	01524	Clinic, BSAS Counseling	
Leominster Community Health Center	14 Manning Avenue, 4th Floor	Leominster	01453	Clinic, BSAS Counseling	
Arbour Counseling Services	10 Bridge Street	Lowell	01852	Clinic, BSAS Counseling	
Institute For Health & Recovery Inc.	97 Central St Unit 205a	Lowell	01852	Clinic, BSAS Counseling	Yes
Lowell Community Health Center @ 101 Jackson	101 Jackson Street, Floors 1-3	Lowell	01852	Clinic, BSAS Counseling	
Lowell Community Health Center	161 Jackson Street	Lowell	01854	Clinic, BSAS Counseling	Yes
Lowell House Inc.	555 Merrimack Street	Lowell	01852	Clinic, BSAS Counseling	Yes
South Bay Community Services	22 Olde Canal Drive	Lowell	01851	Clinic, BSAS Counseling	Yes
Lynn Community Health Center @ Buffum St	73 Buffum Street 2nd Fl Ste A	Lynn	01901	Clinic, BSAS Counseling	
Riverside Outpatient @ Lynnfield	6 Kimball Lane, 3rd Floor	Lynnfield	01940	Clinic, BSAS Counseling	Yes
Advocates Community Counseling	340 Maple Street 4thfl	Marlborough	01752	Clinic, BSAS Counseling	Yes
SMOC Behavorial Health Services	230 Maple Street	Marlborough	01752	Clinic	Yes
South Bay Community Services	470 Main Street	Mashpee	02649	Clinic, BSAS Counseling	Yes
Mattapan Community Health Center	1575 Blue Hill Avenue	Mattapan	02126	Clinic, BSAS Counseling	Yes
Arbour Medford Counseling Services	100 George P. Hassett Drive	Medford	02155	Clinic, BSAS Counseling	Yes
Greater Lawrence Family Health Center	147 Pelham Street, First Floor	Methuen	01844	Clinic	
High Point Treatment Center	52 Oak Street, First Floor	Middleboro	02346	Clinic, BSAS Counseling, DMH Hospital (without BSAS Withdrawal Management License)	Yes
Spectrum Health Systems Inc.	200 E. Main Street	Milford	01757	Clinic, BSAS Counseling, Methadone	
Wayside Community Counseling Center	10 Asylum Street	Milford	01757	Clinic, BSAS Counseling	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
Fairwinds-Nantucket's Counseling Center	20 Vesper Lane	Nantucket	02554	Clinic, BSAS Counseling	Yes
Gifford Street Wellness Center	34 Gifford Street	New Bedford	02744	Clinic, BSAS Counseling, Methadone	Yes
High Point Treament Center	68 North Front Street	New Bedford	02740	Clinic	Yes
High Point Treatment Center	497 Belleville Ave, First Floor	New Bedford	02740	Clinic, BSAS Counseling	
Riverside Outpatient Center @ Newton	64 Eldredge Street	Newton	02158	Clinic, BSAS Counseling	
Brien Center Mental Health & Substance Abuse Services	124 American Legion Drive	North Adams	01247	Clinic, BSAS Counseling	Yes
Gosnold Counseling Center-North Dartmouth	74 Faunce Corner Road	North Dartmouth	02747	Clinic	Yes
Northampton Outpatient Site Clincial and Support Options	8 Atwood Drive 2nd Floor	Northampton	01060	Clinic, BSAS Counseling	Yes
ServiceNet Outpatient Clinic	50 Pleasant Street	Northampton	01060	Clinic, BSAS Counseling	
Arbour Counseling Services	384 Washington Street	Norwell	02061	Clinic, BSAS Counseling	Yes
Island Counseling Center Edgartown	111 Edgartown Road	Oak Bluffs	02557	Clinic, BSAS Counseling	Yes
CHD Outpatient Behavioral Health Services	131 West Main Street, First Floor	Orange	01364	Clinic, BSAS Counseling	Yes
Gosnold Counseling Center	179 Rt. 6a	Orleans	02653	Clinic, BSAS Counseling	
Brien Center Mental Health & Substance Abuse Services	251 Fenn Street	Pittsfield	01201	Clinic, BSAS Counseling	Yes
Brien Center Mental Health & Substance Abuse Services	333 East Street	Pittsfield	01201	Clinic, BSAS Counseling	Yes
FCP Plymouth Clinic	118 Long Pond Road Suite 106	Plymouth	02360	Clinic	
High Point Treatment Center	2 School Street	Plymouth	02360	Clinic, BSAS Counseling	Yes
High Point Treatment Ctr Manomet Clinic	1233 State Road	Plymouth	02360	Clinic, BSAS Counseling, Withdrawal Management	
South Bay Community Services	50 Aldrin Road	Plymouth	02360	Clinic, BSAS Counseling	Yes
Bay State Community Services	1120 Hancock Street	Quincy	02169	Clinic, BSAS Counseling	Yes
Bayview Associates & South Shore Mental Health Quitting Time	1 Adams Pl 859 Willard St Ste 430	Quincy	02169	Clinic	
The Family Center for Counseling & Education	1419 Hancock Street, Stes 200 & 202	Quincy	02169	Clinic, BSAS Counseling	Yes
Revere Counseling Center	265 Beach Street	Revere	02151	Clinic, BSAS Counseling	
Column Health Somerville	401 Highland Avenue	Somerville	02144	Clinic, BSAS Counseling	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
South Bay Community Services	541 Main Street Ste 317	South Weymouth	02190	Clinic, BSAS Counseling	Yes
Southbridge Counseling Center	328 Main Street	Southbridge	01550	Clinic, BSAS Counseling	
Spectrum Health Systems Inc.	176 Main Street	Southbridge	01550	Clinic, BSAS Counseling, Methadone	
Child Guidance Clinic	110 Maple St -1st Fl, Lower Level	Springfield	01105	Clinic, BSAS Counseling	Yes
Crossroads Agency	80 Congress Street Suite 106	Springfield	01104	Clinic, BSAS Counseling	
Gandara Center Substance Abuse Clinic	85 George Street	Springfield	01104	Clinic, BSAS Counseling	
Gandara Mental Health Center, Inc.	2155 Main Street	Springfield	01104	Clinic, BSAS Counseling	
Institute For Health & Recovery	155 Maple Street Suite 304	Springfield	01105	Clinic, BSAS Counseling	Yes
South Bay Community Services	463 Swansea Mall Drive	Swansea	02777	Clinic, BSAS Counseling	Yes
Community Counseling of Bristol County	19 Cedar Street	Taunton	02780	Clinic	
Community Counseling Of Bristol County	1 Washington Street	Taunton	02780	Clinic, BSAS Counseling	Yes
The Family Center for Counseling & Education	5 Post Office Square	Taunton	02780	Clinic, BSAS Counseling	Yes
Riverside Outpatient Center Upton	206 Milford Street	Upton	01568	Clinic, BSAS Counseling	
Riverside Psychiatric Day Treatment Center	607 North Avenue Building 18	Wakefield	01880	Clinic, BSAS Counseling	
Center For Community Counseling & Education	32 Common Street	Walpole	02081	Clinic, BSAS Counseling	
Advocates Community Counseling	675 Main Street	Waltham	02154	Clinic	Yes
Spectrum Health Systems Inc.	210 Bear Hill Road	Waltham	02451	Clinic, BSAS Counseling, Methadone	Yes
Gandara Mental Health Center, Inc./ Cornerstone Recovery	59 South Street	Ware	01082	BSAS Adolescent Residential (Co-occurring disorder capable)	Yes
Valley Human Services	96 South Street	Ware	01082	Clinic, BSAS Counseling	Yes
Odonata Psychotherapy & Retreat Center	330 Main Street Rear	Wareham	02571	Clinic, BSAS Counseling	
Harrington Hospital at Hubbard	340 Thompson Road	Webster	01570	DMH Hospital with Withdrawal Management in Unit	
West Central Family & Counseling, Ltd	103 Myron Street, Suite A	West Springfield	01089	Clinic, BSAS Counseling	
Carson Center Westfield	77 Mill St	Westfield	01085	Clinic	Yes
FCP Whitinsville Clinic	76 Church Street	Whitinsville	01588	Clinic, BSAS Counseling	Yes
Arbour Counseling Services	10-I Roessler Road	Woburn	01801	Clinic, BSAS Counseling	

Clinic Name/Corporation	Address	City	Zip Code	License Types	Serves Youth
Arbour Counseling Services	411 Chandler Street	Worcester	01608	Clinic, BSAS Counseling, OBOT	
Community Healthlink Youth & Family Services	275 Belmont Street	Worcester	01604	Clinic	
Community Healthlink/Highland Grace House	280 Highland Street	Worcester	01602	BSAS Adolescent Residential (Co-occurring disorders capable)	Yes
Community Healthlink	12 Queen Street (Thayer Hall)	Worcester	01610	Clinic, Withdrawal Management, BSAS Clinical Stabilization Services	Yes
Counseling & Assessment Clinic Worcester	51 Union Street G02	Worcester	01608	Clinic, BSAS Counseling	Yes
Edward M Kennedy Community Health Center	19 Tacoma Street	Worcester	01605	Clinic, BSAS Counseling	
FCP Worcester Clinic	29 East Mountain Street, 2nd Fl	Worcester	01606	Clinic, BSAS Counseling	Yes
LUK Behavioral Health Clinic Worc	40 Southbridge Street 4fl	Worcester	01608	Clinic, BSAS Counseling	Yes
Multicultural Wellness Center	250 Commercial Street Ste 200, 330	Worcester	01608	Clinic, BSAS Counseling	
New Beginnings Wellness Center Inc.	1280 Main Street	Worcester	01603	Clinic, BSAS Counseling	
South Bay Community Services	340 Main Street Suite 818	Worcester	01608	Clinic, BSAS Counseling	Yes
Spectrum Health Systems Inc.	105 Merrick Street	Worcester	01609	Clinic, Methadone	Yes
Spectrum Health Systems Inc.	585 Lincoln Street	Worcester	01609	Clinic, BSAS Counseling, Methadone	
Community Healthlink/Motivating Youth Recovery	26 Queen Street	Worcester	01655	Withdrawal Management	Yes
Worcester Counseling Center	81 Plantation Street	Worcester	01604	Clinic, BSAS Counseling	Yes
Worthington Health Center	58 Old North Road	Worthington	01098	Clinic, BSAS Counseling	

REFERENCES

1 Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health [Internet]. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2017 Sept. Available from: https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm.

2 Access to Behavioral Health Care in Massachusetts: the Basics. Boston, MA: Blue Cross Blue Shield of Massachusetts Foundation; 2017 Jul 12. Available from: https://bluecrossmafoundation.org/sites/default/files/download/publication/BH_basics_Final.pdf.

3 Quick Facts: Massachusetts. Suitland, MD: U.S. Census Bureau. Available from: https://www.census.gov/quickfacts/ma.

4 2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available from: https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2016/NSDUHsaePercents2016.pdf.

5 HPC analysis of: HPC analysis of Center for Healthcare Information and Analysis Hospital Inpatient Discharge and Emergency Department Databases. 2016.

6 Integrating Physical and Behavioral Health Care: Promising Medicaid Models. Washington, D.C.: The Kaiser Commission on Medicaid and the Uninsured; 2014 Feb. Available from: https://kaiserfamilyfoundation.files.wordpress.com/2014/02/8553-integrating-physical-and-behavioral-health-care-promising-medicaid-models.pdf.

7 Drake RE, Mueser KT, Brunette MF, McHugo GJ. A review of treatments for people with severe mental illness and co-occurring substance use disorders. Psychiatric Rehabilitation Journal. 2004; 27(4):360–374.

8 Comorbidity: Substance Use Disorders and Other Mental Illnesses. North Bethesda, MD: National Institute of Drug Abuse; 2018 Aug 1. Available from: https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/drugfacts-comorbidity.pdf.

9 Crawford V, Crome IB, Clancy C. Co-existing problems of mental health and substance misuse (dual diagnosis): a literature review. Drugs: Education, Prevention and Policy. 2003 Jan 1; 10(1):1-74.

10 Integrated Dual Disorder Treatment: an Overview of the Evidence-Based Practice. Cleveland, OH: Case Western Reserve University; 2012 Sep 27. Available from: https://www.centerforebp.case.edu/client-files/pdf/iddtoverview.pdf.

11 Minkoff K. Dual diagnosis enhanced programs. Journal of Dual Diagnosis. 2008 Jul 22;4(3):320-5.

12 Sacks S, McKendrick K, Sacks JY, Cleland CM. Modified therapeutic community for co-occurring disorders: single investigator meta-analysis. Substance Abuse. 2010 Jul 30; 31(3):146-61. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058619/.

13 Open Access Scheduling for Routine and Urgent Appointments. Rockville, MD: Agency for Healthcare Research and Quality; 2017 Aug. Available from: https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.

14 Substance Abuse Treatment for Persons with Co-occurring Disorders: Treatment Improvement Protocol (TIP) Series No. 42. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013 Jul. Available from: https://store.samhsa.gov/system/files/sma13-3992.pdf.

15 McGovern MP, Matzkin AL, Giard J. Assessing the dual diagnosis capability of addiction treatment services: The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. Journal of Dual Diagnosis. 2007 Mar 22;3(2):111-23. Available from: https://www.tandfonline.com/doi/abs/10.1300/J374v03n02_13

16 Buprenorphine Waiver Management. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2018 Jan 18. Available from: https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver.

17 Gallucci G, Swartz W, Hackerman F. Impact of the wait for an initial appointment on the rate of kept appointments at a mental health center. Psychiatric Services. 2005 Mar; 56(3):344-6. Available from: https://ps.psychiatryonline.org/doi/pdfplus/10.1176/appi.ps.56.3.344.

18 Open Access Center. SSTAR; 2018. Available from: http://www.sstar.org/open-access-center/.

19 Browne T, Priester MA, Clone S, Iachini A, DeHart D, Hock R. Barriers and facilitators to substance use treatment in the rural south: A qualitative study. The Journal of Rural Health. 2016 Jan; 32(1):92-101. Available from: https://www.researchgate.net/profile/Dana_DeHart/publication/280118016_Barriers_and_Facilitators_to_Substance_Use_Treatment_in_the_Rural_South_A_Qualitative_Study/links/59edffe50f7e9b3695758d15/Barriers-and-Facilitators-to-Substance-Use-Treatment-in-the-Rural-South-A-Qualitative-Study.pdf.

20 Massachusetts to Participate in National Pilot Rating System for Substance Use Treatment Programs; 2019 Feb 15. Available from: https://www.mass.gov/news/massachusetts-to-participate-in-national-pilot-rating-system-for-substance-use-treatment.

21 Baker-Polito Administration Announces Groundbreaking Medical School Program to Curb Opioid Crisis; 2015 Nov 9. Available from: https://www.mass.gov/news/baker-polito-administration-announces-groundbreaking-medical-school-program-to-curb-opioid

22 Substance Use Disorder Treatment Providers Manual (Revised regulations); 2017 Dec 29. Available from: https://www.mass.gov/files/documents/2018/01/09/sud-19.pdf

23 RFR 190527 Residential Rehabilitation Services / Co-Occurring Enhanced 3.1; 2018 Dec 4. Available From: https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-19-1031-BSAS0-BSA01-32429&external=true&parentUrl=bid

24 An Act Relative to Substance Use, Treatment, Education, and Prevention 2016 (MA) c. 52.

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